
POSITION

Communication from American Orthopsychiatric Association to Joint Commission on the Mental Health of Children

Early in 1968 the American Orthopsychiatric Association presented to the Joint Commission on the Mental Health of Children a statement * of its hopes that the Commission would not follow the ineffective path of the White House Conferences on Children and Youth of the past six decades. In that statement we pointed out what seemed to us the reasons for the enormous gap between the promise of those excellent conferences and their accomplishments. Since then the Joint Commission's Task Forces I and VI have delivered their preliminary reports and the OSTI † study prepared for the Commission has been completed. These documents have now been studied by the AOA Liaison Committee, and once again we feel that we must speak out, must try to bring our influence to bear on the basic issues to be reflected in the final Joint Com-

mission Report. We cannot offer less than a clear and firm statement of our principles and the open, resolute commitment that we, as an organization of professionals and citizens intensely involved in the health of children, will act accordingly.

The preliminary reports' documentation of the physical and mental health status of children in the United States, of the results of poverty, racism, neglect, disparity, disorganization and fragmentation of services is overwhelming. They describe nothing less than the progressive impairment of the hearts, minds, and bodies of the poor—black and white, brown and red. It therefore comes as a shock to find, despite hints of the need for fundamental social change and the reallocation of priorities, that some projections in the reports appear to be based on the assumption that we will

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† Organization for Social and Technical Innovations, Cambridge, Mass.

continue to have the same type of racially prejudiced, poverty-stricken, unplanned, chaotic society in the future. The National Advisory Commission on Civil Disorders has indicated that such a society cannot exist much longer in its present condition and that it must change. It is the direction of change with which we are concerned. The social, economic, political, psychological, military, and moral considerations involved are so imperative in their immediate implications that we must face them squarely, offer our solutions, and devote ourselves to their resolution. Otherwise, no amount of tinkering with the quality and patterning of services will have any significant effect on the lives of the country's children.

Our statement to the Joint Commission last year gave only some traces of the underlying problems we believe it must deal with. For instance we said nothing about housing. Civilized housing is so important to the mental health of children that the Joint Commission should probably spell out the specific number of millions of housing units that need to be constructed in this country. Although Congress has recently approved additional construction, the amount is inadequate to the need and once again the most impoverished receive short shrift.

We said nothing about employment—the right of each individual to participate in society in a way that maximizes human dignity, a society where human needs and values are not determined or allocated by productivity or the profit considerations of the market place. Job training, sheltered and protected working circumstances for our poor and dis-

abled, and the facilities and expertise to implement them must receive our highest priorities.

We almost totally neglected rural areas, in our concentration on the problems of the cities. The tremendous pressure of events and power struggles within metropolitan areas may explain our concentration, but in many respects the difficulties in the cities—hunger, illness, education, housing, unemployment, and other constituents of the plague of poverty—are aggravated and much more severe in rural areas, particularly in the South and Appalachia. The problems of children and families living in rural poverty are so overwhelming that we tend to avoid the urgency of their call for our attention.

More immediate to our professional concerns, we said that “integration of personnel and facilities may eventually call for a National Health Service as the only efficient fashion of distributing care adequately.” Medicare and Medicaid have served only to make it more apparent that one of the most feasible solutions is a National Health Service. Too many reports, including those of the Joint Commission itself, have documented the deficient, inequitable, fragmented, discontinuous, nonpreventive, inhumane, grossly inefficient health services provided the poor. Even the middle and upper classes do not escape inadequacies of medical care. The failure of the national government to provide direction in the reallocation of resources has been explicitly stated by Robert Q. Marston,* director of the National Institutes of Health. He acknowledges the inequities of care distribution but fails to address himself to the central issue.

* Robert Q. Marston, 1968. “To Meet the Nation's Health Needs.” *New England Journal of Medicine*, 279 (10): 524.

"The Federal role in health services," he says, "is not direction but stimulation." The private sector, however, as is overwhelmingly evident, has not succeeded. The recent revelations of the large profits accruing to pharmaceutical companies, with inordinately high drug costs to the consumer, amply demonstrate that we cannot rely upon the voluntary cooperation of the medical-industrial complex. Health insurance as a means of payment without a change in the basic structure, particularly the fee-for-service basis, has already demonstrated its inherent inability to solve the problems of the quality and distribution of care. It merely tends to perpetuate deficiencies and to invest the economically interested with greater strength to resist change. We should not have to repeat painful historical experiments which inform us that in an area so vital as health we cannot afford to permit the market place to determine the nature and distribution of services.

In our limited discussion of education, we omitted some vital aspects of the needed reorganization and restructuring of the educational system. We stated that "educators must be included in all planning for children in the community" but said nothing of the necessity for parents to be involved as representatives of their children and their community. And we said nothing of involving the students themselves from their earliest years and with increasing roles as they mature. Community participation, as a matter of fact, must be applied to every social institution referred to throughout the Joint Commission reports.

We warned about dangers inherent in the medical-industrial complex but did not include the same warning about the

growing activities of the educational-industrial complex. The recent combinations of electronic companies with giant publishing houses to market expensive automated teaching devices does not augur well for the educational consumer. Largely untested, these devices have, where tested, not shown themselves to be superior to ordinary teaching or to vastly cheaper programed booklet teaching—they are merely far more expensive. The companies involved have already stated explicitly that it is not their responsibility to demonstrate efficacy and efficiency, it is the buyer's. This doctrine of *caveat emptor* cannot be accepted in considerations of health and education in our complex technological society. Just as we have passed laws protecting the consumer against untested, inefficacious drugs, we must do the same for the vital area of education. Indeed, we cannot halt there: the quality and safety of food, shelter, clothing cannot be left to the conscience of the supplier; nor can the consumer be left to the mercy of the seller as to the cost and distribution of these necessities.

Having discussed medical-industrial and educational-industrial complexes, perhaps we should return to the source of those terms and restudy that prophetic document, President Eisenhower's farewell address to the American people on the dangers of the military-industrial complex. The conjunction of an immense military establishment and a large arms industry has the potential for a disastrous rise of misplaced power, Eisenhower warned. "The total influence—economic, political, even spiritual—is felt in every city, every state house, every office of the Federal government. . . . Our toil, resources and livelihood are all involved; so is the very structure

of our society." Disarmament, he pleaded, is imperative. But the eight years intervening since that plea have seen an 8% increase in the military personnel establishment and an even greater increase in expenditures for hardware. It is these that have contributed to the cuts in aid for children and mothers, in education, health, other social services. National Science Foundation cuts are scheduled to reach 20–25%, those of the National Institutes of Health 15–20%. We cannot have war without cutting mental health services; we cannot have war except at the expense of life.

It would appear quite proper for the AOA Liaison Committee to raise at this point the matter of racism in American society and to take a position based on the Report of the National Commission on Civil Disorders, which states that we are a racist society and that we are drifting into a country of two separate groups based upon race. This committee wishes to make it crystal clear that it considers apartheid, whether in South Africa or in the United States, a symptom of a fatal social illness and one which requires rapid and, if necessary, desperate remedies. We are so conscious of the grosser forms of racism and discrimination that we lose sight of the more subtle and institutionalized forms pervasive in our professional activities in the area of child mental health and even in the classical sociological, psychological, and psychiatric doctrines.

It is relatively simple to look back and recognize the inherent racist thinking that went into the removal of Indian children from their families to place them in schools and white families. The Bureau of Indian Affairs, with white

middle-class values, may have considered this the only way they could inculcate a different and "higher" level of values and living standards. The Bureau evidently did not believe it possible to raise the standard of living for the Indian family to enable the Indian child to secure education and health care and cultural values at home, thus preventing the establishment and continuation of Indian reservations. What this did to the Indian child and his parents in terms of lifelong unhappiness, we now know.

But the finer racist distinctions in thinking are more difficult to confront. They exist on all levels of government, from Federal through state to local, in welfare, health, and education departments. We are fully cognizant of what slavery did to the Negro family, but when we look at the same maternal dominance and male inferiority and rootlessness in modern urban minority-group life, we tend to forget that this was forced upon poverty-stricken black families by chronic male unemployment and subemployment and by our welfare rules which would not support a family with an employable male available.

Some theorists then go on to attach to the poor the concepts that they are not future-time oriented and have no capacity, as do the middle classes, to delay gratifications, ignoring all the evidence to the contrary—the capacity, for instance, of the migrant Mexican-American farm laborer to exist throughout an entire year on the pittance earned during seasonal labor, spreading expenditures thinly and carefully. We also ignore evidence of the seeking of immediate gratification in the middle classes, their heavy mortgages and installment purchases.

Some sociologists speak, with almost

no comparative data, of the lack of concern and loss of love of ghetto mothers for their children, forgetting their hard and frustrating life conditions and ignoring the separation of parents and children in upper-class homes with nurses, governesses, boarding schools, and all the paraphernalia of changing and disintegrating urban and suburban family structure.

As child mental health professionals we have long been appalled by the relationship between wholesale deprivation and discrimination and the broad gamut of organic and psychological problems at every stage of a person's development. We know that failure to have fundamental needs met from the very earliest stages of infancy through adolescence may result in a range of crippling effects; that trust in others can fail to develop properly, leading to difficulties in relating to others; that the ability of the adult to be productive, to enjoy work, to gain gratification from close relationship with others, to deal with adversity, can be impaired. There is no doubt that there are higher rates of organic insult to the brain attributable to deprivation of maternal nutrition, inadequate health care, exposure to stress, poor schooling, and the full range of factors involved in poverty and discrimination. But the evidence at this time tends to indicate that Negro rates of psychoses are no higher than whites, that the reason minority groups are hospitalized more frequently is because of social pressures, inability of families to care for disabled members, or the indifference and neglect by society to furnish adequate care in the community. Nevertheless many mental health workers continue to speak of the

poor as impulse-ridden, helpless victims of distorted inner drives.

Middle-class white professionals became aware of the nature of these false assumptions when minority group members began to participate in our activities, when they began to have a share in control over statements and programs concerning them. We have learned much about them in the last decade as we have worked together in civil rights movements and on local boards. They are as capable and perhaps more willing to learn from the professionals as the professionals from them. This equal and dynamic participation in learning and decision-making is the beginning of the accountability of professional workers to the community. It is this mutual accountability which must be built into the structure of our social institutions and the services they offer; into the school systems, the health care agencies, the very fabric of our society. These social institutions do not belong to or exist for the professional or any other worker or owner but belong to and must serve the community. It is this simple lesson which is so difficult to learn and which is causing so much difficulty at this time.

And the accountability must go much further. True experimental evaluation of all aspects of service programs must be provided for and the findings fed back in order to change them for the better. This becomes particularly important at a time when new and innovative methods for presumably equitable and efficacious care are being advocated and offered.

The previous AOA statement said nothing about our obligations to the poor throughout the world, whose desperation will help push us over the brink if our self-interests alone are con-

sulted. What can we say in the face of the stark fact that the United States contribution to the poverty-ridden countries continues to fall instead of rising? An answer that the contribution ranks us at least somewhat higher internationally than does our maternal and infant mortality rate does not reflect to our credit. What can we reply to those countries which beg for food for their starving millions? That we must maintain our economy of scarcity by withdrawing millions of acres from production, paying millions of dollars to those needing it least, and driving millions off the land into the disintegrating cities? The report of the Joint Commission should indicate specifically, we feel, what our increasing commitment to the world's poor should be in terms of food, technicians, technology, the wherewithal for population and famine control—for what happens to children in other parts of the world will ultimately affect the lives of America's children.

We closed our previous statement with the somewhat vague comment that "Ultimately the programs discussed above can be achieved only by a basic reallocation of our resources in terms of personnel, industrial production, and funds to meet human needs in our changing society." This can and must be made more specific. The report of Task Force VI informs us "that a larger proportion of the total antipoverty tax burden is borne by those earning less than \$4,000 than by any other income group" and "that the poor (the bottom 20% of families)" receive only 5% of the national income yet they pay an average of 30% of direct taxes of all kinds. In contrast, "90% of American millionaires pay no income taxes at all." Not only is it apparent that the poor do

not receive their fair share of tax benefits but it is equally apparent where a sizable resource for services to children exists and should be tapped.

However, the nature and extent of the problems we have uncovered and the programs we have in mind require much more than can be derived from plugging tax loopholes and taxing the inequitably taxed rich. The money for the jobs, housing, education, health care, and other ingredients of a dignified existence can come only from those tremendous resources now allocated to destruction. We must as citizens commit our society to the dismantling of our destructive and nonproductive war machines and industries. We must ask it to withdraw from Vietnam as the first step, both as a moral and constructive end. We must indeed end all hot and cold wars and commit ourselves to noninterference with the social and governmental structures of all other countries as well as to the cessation of any military aid to any country. We realize that achieving priority for truly human aspirations in a vastly multipurposed society such as ours will be extremely difficult and that we exist on a planet with other countries whose actions are frequently conditioned by our actions. But we are unquestionably the most powerful and the richest; it is our obligation to take the first steps; we cannot expect the weaker to begin. We must commit ourselves to nuclear disarmament, to the reduction of our armed forces by a fixed ratio, to response to similar moves by other powers. Only in this fashion can we secure the manpower, the housing, the food, and the clothing necessary to fulfill our commitments to children and the future.